

FILED AUG 15 1941

State File No.

Registration District No. 491

Primary Registration District No. 4298

Registrar's No.

1. PLACE OF DEATH:

(a) County Lincoln
(b) City or town Troy mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
In this community In this community (Specify whether years, months or days) 19 yrs

3. (a) PRINT FULL NAME Georgia Willis Cockrell

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Harry Cockrell 6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased Oct 20 1893 (Month) (Day) (Year)

8. AGE: Years 49 Months 8 Days 12 hr. min.

9. Birthplace Leavenworth Co. Kansas (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name George R Willis

13. Birthplace Kentucky (City, town, or county) (State or foreign country)

14. Maiden name Mary Fry

15. Birthplace Plattsburg Mo (City, town, or county) (State or foreign country)

16. (a) Informant Harry Cockrell

(b) Address Troy mo

17. (a) Burial (b) Date thereof July 31 1941 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Troy Cemetery

18. (a) Signature of funeral director Wayne M. Fry

(b) Address Troy mo

19. (a) July 3-41 (b) Mrs. Pearl Muck (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lincoln
(c) City or town Troy mo (If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2 year 1941 hour 4 minute 55 P. M.

21. I hereby certify that I attended the deceased from June 1941 to July 2 1941, that I last saw him alive on July 2 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Carcinomatosis Duration 12 years

Due Primary Adeno-Carcinoma of ovary

Due to 490

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place)
(e) Means of injury
Signature J. L. Lelesch (M. D. or other)
Address Troy Date signed July 3-41

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.

working under my personal supervision.

Signed:.....

Licensed Embalmer No.

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.